

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: Method For Differentiating Breast Ducts For
Cancer Risk Status

Attorney Docket Number:: 005284.00214

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?: NO

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name::
Family Name:: Hung
Name Suffix::
City of Residence:: Belmont
State or Province of Residence:: California
Country of Residence:: US
Street of mailing address:: 2634 Belmont Canyon Road
City of mailing address:: Belmont
State or Province of mailing address:: California
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94002

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Susan
Middle Name::
Family Name:: Love
Name Suffix::
City of Residence:: Pacific Palisades
State or Province of Residence:: California
Country of Residence:: US
Street of mailing address:: 16593 Via Floresta
City of mailing address:: Pacific Palisades

State or Province of mailing address:: California
Country of mailing address:: US
Postal or Zip Code of mailing address:: 90272

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of mailing address::

City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/852,145	05/10/01
09/852,145	Non-Provisional of	60/203,416	05/10/00
09/852,145	Non-Provisional of	60/289,536	05/09/01

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name: Cytoc Health Corporation
Street of mailing address: 85 Swanson Road
City of mailing address: Boxborough
State or Province of mailing address: Massachusetts
Country of mailing address: United States
Postal or Zip Code of mailing address: 01719